

STATE OF TENNESSEE OPTIONAL RETIREMENT PROGRAM



VERIFICATION OF EMPLOYEE TERMINATION

If you were a Tennessee Board of Regents employee and you need verification of termination of state employment to qualify for a partial lump sum payment from the ORP, have your last employer complete this form. Then attach this completed form to the partial lump sum distribution request you file with TIAA-CREF, ING, or AIG-VALIC.

(Remember that you must also submit your lifetime payout election at the same time you request a partial lump sum distribution.)

I. TO BE COMPLETED BY EMPLOYEE			
1. Employee's Name	First	Middle	Maiden
2. Employee's Social Security No.			
3. Employee's AddressStreet or Rural Ro	oute City	State	Zip Code
II. TO BE COMPLETED BY TECHNICAL SC	HOOL, COLLEGE, OR	UNIVERSITY	
1. Last EmployerNar	ne of Technical School, C	ollege or University	
2. This individual's last paid date was/will be		, 20´´´.	
III. VERIFICATION			
Signature of Institution's Designated Certifying O	fficial		
Title			
Date			